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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT **AND CHANGE OF CORRESPONDENCE ADDRESS**

| Application Number | 10/684, 602 |
|------------------------|---------------|
| Filing Date | 14-Oct-2003 |
| First Named Inventor | Paul A. Nysen |
| Art Unit | N/A |
| Examiner Name | N/A |
| Attorney Docket Number | 035826-017 |

| To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | |
|--|--|----------------------------------|--------------|--|--|
| Please withdraw me as attorney or agent for the above identified patent application, and | | | | | |
| ☑ all the attorneys/agents of record. | | | | | |
| all the attorneys/agents (with registration numbers) listed on the attached paper(s), or all the attorneys/agents associated with Customer Number NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. | | | | | |
| The reasons for this request are: In accordance with the applicant's request to transfer the application. | | | | | |
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| 1. The correspondence address is NOT affected by this withdrawal. | | | | | |
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| Name Robert E. Kreb | s | Registration No. | 25,885 | | |
| Date October | , 2006 | Telephone No. | 408-282-5800 | | |
| NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved. | | | | | |

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